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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Anthrax vaccination program update

From Department of Defense

WASHINGTON--The first of three phases of the Department of Defense (DOD) mandatory anthrax vaccination program is scheduled to begin August 16, 1998, and continue until December 1999. This vaccination phase will include all personnel assigned to or rotating into the Southwest Asia and Northeast Asia area for 30 days or more.

Phase 2 vaccinations are scheduled to begin in January 2000 for those deploying early according to the time phased deployment data. Phase 3 will begin in January 2003 and includes all Navy active and reserve personnel. According to a DOD announcement, all personnel assigned to high threat areas should receive their first three vaccines prior to deployment. When an individual is not able to take or continue the anthrax series due to medical or administrative reasons, that individual is still deployable. Commanders may authorize on a case-by-case basis, anthrax vaccinations for individual Navy and Marine Corps personnel who travel frequently into designated high threat areas regardless of the length of stay.

All personnel must complete the Food and Drug Administration (FDA)-approved protocol consisting of the initial six vaccinations over an 18-month period, followed by an annual booster. Individuals who have received one or more doses and then leave a high threat area or transfer to a new command and reservists who end active service prior to completing the protocol must complete the series.

If an anthrax vaccine dose is missed, it will be given as

soon as possible, with the remaining doses administered at the required intervals from the last shot administered. Currently, the series should not be restarted as long as doses are missed for periods less than three years.

Anthrax is the major biological warfare threat faced by U.S. forces. Exposure to inhalation anthrax by unprotected/untreated individuals is lethal in 99 percent of the cases. Several countries are known or suspected to have anthrax ready to use as a weapon. Warfare using chemical biological agents may become the norm as potential adversaries seek to offset the U.S. superior conventional forces.

The anthrax vaccine is FDA-approved and licensed, and has been used since 1970 among populations at risk, especially those working with livestock. The vaccine is safe and effective with fewer side effects reported from anthrax vaccine than from other common vaccines.

Previous commander's brief, a detailed medical brief, and a trifold information brochure were distributed by email to all MTFs, type commanders and many other activities.

These products are also available for viewing and downloading from the Navy Environmental Health Center home page: <http://www-ehc.med.navy.mil/prevmed>. Additional information on DOD's anthrax program is available on DOD's home page:

http://www.defenselink.mil/other_info/protection.html. An updated trifold patient brochure will be distributed to the fleet by early September.

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Headline: New device will reduce hearing damage, balance problems

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON--A breakthrough by researchers at the Naval Medical Center (NMC) in San Diego may mean that future hearing loss and balance disorders of Sailors and Marines will be drastically reduced or eliminated.

The joint service medical team of Navy and Army scientists and researchers at NMC San Diego designed an ear implant that delivers medicine to damaged sound-detecting inner ear hairs. The device is already undergoing clinical tests.

According to LCDR Michael Hoffer, MC, a principal researcher, this discovery will alleviate hearing and balance problems, which impair operational readiness of 10 percent of America's military force and costs the federal government over \$1 billion annually. He said that in addition to the military, one half of all Americans suffer from these disorders at some point in their life.

What this means to the Naval service is Sailors and Marines exposed to loud noises, such as rifle and artillery fire, airplane engines and equipment noises, will have a medical alternative to slowly losing their hearing. The investigators said that the new catheter will be an

improvement over earplugs and other hearing conservation equipment, which don't always fit precisely and are not always worn. They cautioned, however, that these devices still need to be worn.

For civilians, the new device could help construction personnel and flight line crews, among others.

Army LTC Richard Kopke, a member of the research team, emphasized how the research will benefit both military personnel and civilians suffering from hearing loss and balance problems.

"Military personnel work in one of the most noise-hazardous environments in the world," Kopke said. "This ongoing DOD-sponsored research will significantly reduce the hearing impairment of our military personnel and the work is already being translated to help the civilian sector as well."

The hearing and balance-saving catheter is a wire approximately five inches long. After part of it is surgically implanted into the ear, the remaining wire is left outside and used as an intravenous conduit for medicine to the inner ear.

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Headline: USS Curtis Wilbur team effort wins wellness award
By ENS Spencer L. Robinson, USN, USS Curtis Wilbur

YOKUSUKA, Japan--If hard work and commitment contribute to a ship's readiness, then the crew of USS Curtis Wilbur (DDG 54) is a prime example of how teamwork enhances that effort. The ship recently received the Commander Naval Surface Force U.S. Pacific Fleet Annual Wellness Award because of the commitment of the ship's Food Services Division, Medical Department, and the crew.

The award, better known as the "Green H" award, encourages ships to develop lifestyle programs that will keep Sailors and Marines healthy and contribute to personal readiness.

Curtis Wilbur's Food Services Division promoted a well-balanced diet through a Nutritional Education Program, posted caloric content lists outside the mess decks along with a copy of the Medical Physical Training Plan to assist the crew in making healthy choices.

Mess Management Specialist First Class Steven M. Falb cites "choices" as perhaps the key to the role that the Food Services Division plays in promoting health and wellness aboard Curtis Wilbur.

"The galley's robust salad bar," Falb said, "always contains an ample supply of fruit and a selection of at least 15 other items from which to choose, including three types of lettuce."

Chief Hospital Corpsman Donald G. Pangalangan, head of Curtis Wilbur's Medical Department, cites the ship's total commitment to physical fitness as another key factor to maintaining the crew's wellness. Curtis Wilbur conducts command-wide physical training three times each week, with a

routine that emphasizes stretching and includes a minimum of 20 minutes of aerobic exercise each session.

To assist crew fitness, the ship has excellent exercise equipment. There are three workout areas located around the ship, which contain treadmills, a rowing machine, stair climbers and free weights, among other equipment.

Pangalangan also cited the crew's 100 percent readiness rating in dental, hearing protection and TRICARE enrollment.

Pangalangan and Hospital Corpsman Third Class Sara J. Holmberg also lead initiatives to reduce tobacco usage. One third of participants in the "Great American Smoke Out," used nicotine patches and nicotine gum to quit smoking.

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Headline: Care in a tent: Fleet Hospital Five trains for deployment

By Judith Robertson, Naval Hospital, Bremerton

BREMERTON, Wash.--The possibility of providing health care within the beige confines of a deployable medical tent will soon be a reality at Naval Hospital, Bremerton (NHB).

According to Naval Hospital, Bremerton executive officer and Fleet Hospital Five commanding officer, CAPT Dan Snyder, MSC, in early Fall, NHB will begin looking at patient care in the Fleet Hospital training site located on NHB grounds. "Options for how patient care will be handled in the field hospital structure are currently being explored," Snyder said, adding that receiving care in the tent hospital will be voluntary.

"Some of our fixed facility hospitals have successfully used the deployable structures as an interim measure for routine patient care while renovation or construction projects are under way," Snyder said. "They work very well."

Snyder said that additional training for the Fleet Hospital would occur during the forthcoming countywide disaster drill that exercises people and equipment. He said that the primary mission of the Fleet Hospital is to have trained and ready personnel who are prepared to deploy anywhere in the world, set up their equipment and be operational within 10 days.

According to Snyder, having the Fleet Hospital tent in full use at Bremerton provides meaningful 'hands-on' training to fleet hospital staff in the setting they will use when they deploy.

Almost one thousand medical and non-medical staff, from Naval Hospitals Bremerton and Oak Harbor and their branch medical clinics, comprise Fleet Hospital Five. If and when they are called to deploy, those positions vacated within the Naval hospitals will be filled by Navy selected reserves.

Of the ten fleet hospitals currently operating throughout the Navy, active-duty Navy personnel staff six and four others are staffed by Navy selected reserve units.

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Headline: TRICARE question and answer

Question: What is the TRICARE Prime Point of Service option?

Answer: If you're a TRICARE Prime enrollee, you also have what's called a point of service (POS) option. This means that you can choose to get TRICARE-covered, non-emergency services outside the Prime network of providers without a referral from your Primary Care Manager and without authorization from the Health Care Finder. However, if you choose to get care under the POS option, there's an annual deductible (for both inpatient and outpatient care) of \$300 for an individual and \$600 for a family. After the deductible is satisfied, your cost share will be 50 percent of the TRICARE allowable charge.

Any additional charges by non-network providers are also your responsibility, up to 15 percent above allowable charge, as permitted by law. POS cost sharing may also apply to services you received from a Prime network provider if you didn't get the required advance authorization for the care.

Because of the increased costs associated with POS care, you should seriously consider contacting your Primary Care manager to get authorization before getting care outside the network.

The POS option does not apply to TRICARE Extra or TRICARE Standard.

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Headline: Healthwatch: aerosol abuse can take your breath away

From Naval Medical Clinic, Pearl Harbor, Hawaii

PEARL HARBOR, Hawaii--Inhalant abuse, the deliberate sniffing of common products found in homes and schools to obtain a "high," is on the rise among young people who consider the practice a safe alternative to drugs. But users risk severe health consequences and even death from this habit-forming practice, says the Consumer Product Safety Commission.

One in five American teenagers has sniffed inhalants to get high, estimates the National Institute on Drug Abuse.

The categories of abused products include glues/adhesives; nail polish remover; paint thinner; spray paint; butane lighter fluid; gasoline; household cleaners; whipping cream aerosols and air conditioning coolants.

Within 15 to 45 minutes after sniffing, victims may become nauseated, forgetful, and unable to see clearly. They may lose control of their bodies, including the use of their arms and legs. In addition, sniffing can severely and permanently damage the brain, liver, heart and kidneys. Death can also result from cardiac arrest.

An inhalant abuser may exhibit some or all of the following symptoms:

- Unusual breath odor or chemical odor on clothing.
- Slurred or disoriented speech.
- Drunk, dazed or dizzy appearance.
- Signs of paint or other products on the face or fingers.
- Red or runny eyes or nose.
- Spots or sores around the mouth.
- Nausea or loss of appetite.
- Chronic abusers may also exhibit anxiety, excitability, irritability or restlessness.

If you think your child may be abusing inhalants, seek professional help. Contact a local drug rehabilitation center or the National Inhalant Prevention Coalition at 1-800-269-4237, or visit their website at www.inhalants.org.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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